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9D-EC-19337
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Kevin Michael Ruppelt et al. : Art Unit: 3625
Serial No.: 09/480,344 : Examiner: Akers, Geoffrey R
Filed: January 10, 2000 :
For: METHOD AND APPARATUS :
FOR PRODUCT SELECTION :
ASSISTANCE :
:

AMENDMENT

Mail Stop: AF
Hon. Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated September 3, 2004, please amend the above identified application as follows.

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ARMSTRONG TEASDALE LLP

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www.armstrongteasdale.com

CERTIFICATE OF FACSIMILE TRANSMISSION TO THE
UNITED STATES PATENT AND TRADEMARK OFFICE

DATE: November 02, 2004

Examiner: Akers, Geoffrey R. : RE: U.S. Patent Application
 Art Unit: 3625 : Serial No.: 09/480,344
 Fax: 703-872-9306 : Applicant: Kevin Michael Ruppelt et al.
 From: Thomas M. Fisher : Atty. Dkt. No.: 9D-EC-19337

DOCUMENTS SUBMITTED WITH TRANSMISSION:

Amendment Transmittal (3 pgs.)

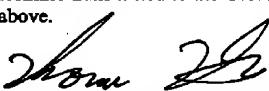
Amendment in Response to Office Action dated September 3, 2004 and Made Final (28 pgs.)
 Fax Transmittal (1 pg.)

Total pages including cover page: 32
 If all pages are not received, please contact: Linda Johnson at Ext. 7229

RE: The above referenced U.S. Patent Application
 Title: METHOD AND APPARATUS FOR PRODUCT SELECTION ASSISTANCE
 Filed: January 10, 2000

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that these papers are being facsimile transmitted to the U.S. Patent and Trademark Office, Facsimile Number 703-872-9306 on the date shown above.


 Thomas M. Fisher, Reg. No.: 47,564

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NOV 02 2004

PATENT
Attorney Docket No.: 9D-EC-19337

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Kevin Michael Ruppelt et al.	:	Group No.: 3625
Serial No.:	09/480,344	:	Examiner: Akers, Geoffrey R.
Filed:	January 10, 2000.	:	
For:	METHOD AND APPARATUS FOR PRODUCT SELECTION ASSISTANCE	:	

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:
Fax Cover Sheet (1 pg.)
Amendment Transmittal (3 pgs.)
Amendment in response to Office Action dated September 3, 2004 and Made Final
(28 pgs.)

STATUS

2. Applicant

claims small entity status.
 is other than a small entity.

CERTIFICATE OF MAILING BY EXPRESS MAIL TO
THE COMMISSIONER FOR PATENTS

Express Mail No.**Date:**

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Attorney Name, Reg. No.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

(a) Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
<input type="checkbox"/> first month	\$ 110.00	\$ 55.00
<input type="checkbox"/> second month	\$ 430.00	\$ 215.00
<input type="checkbox"/> third month	\$ 980.00	\$ 490.00
<input type="checkbox"/> fourth month	\$1,530.00	\$ 765.00
<input type="checkbox"/> fifth month	\$2,080.00	\$1,040.00
	Fee Due	\$ _____

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

An extension of _____ months has already been secured. The fee paid therefor \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____.

OR

(b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE	OR	ADDITIONAL RATE FEE
TOTAL INDEP.		MINUS		=	x \$9 = \$		x \$18 = \$
		MINUS		=	x \$44 = \$		x \$88 = \$
— FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+\$150 = \$		+\$300 = \$	
				TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$	

(a) No additional fee for Claims is required

OR

(b) Total additional fee for claims required \$

FEE PAYMENT

5. _____ Attached is a check in the sum of \$_____

Charge Deposit Account No. 01-2384 the sum of \$_____.
A duplicate of this transmittal is attached.

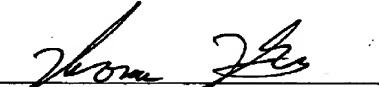
FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7. Other:


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